

07/28/2011 08:50 8655945739

0005/014

HEALTH CARE FACILITY

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PRINTED: 07/20/2011
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53766	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - STATE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED R 07/14/2011
NAME OF PROVIDER OR SUPPLIER CARESTONE AT RIVERGATE		STREET ADDRESS, CITY, STATE, ZIP CODE 94 TWIN HILLS DRIVE MADISON, TN 37115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(D 001)	1200-08-25 Initial This Rule is not met as evidenced by: An annual survey was conducted on 5/10/11. The facility was cited the following tags: D901, D916, D923, D1001, D1002, D1023, D1024, D1027, D1028, D1032, D1035, D1039, D1045, and D1601. The facility submitted their plan of correction with a completion date of 7/11/11. A follow up survey was conducted on 7/14/11 to verify that the corrections were completed. During the survey the facility was recited the following tags: D901, D916, D923, D1001, D1002, D1028, D1032, D1035, and D1039.	(D 001)	The following constitutes Carestone at Rivergate's (the facility) response to the Statement of Licensing Violations (the "Statements of Violations") issued by the Tennessee Department of Health, Division of Health Care Facilities, on May 10 and 18, 2011, and its Plan of Correction.	8-13-11
(D 901)	1200-08-25-.09 (1) Building Standards (1) An ACLF shall construct, arrange, and maintain the condition of the physical plant and the overall ACLF living facility environment in such a manner that the safety and well-being of residents are assured. This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the condition of the physical plant and overall environment. The findings include: Observations made during a tour of the facility on 7/14/11 revealed the following: 1. At 10:00 AM, a section of soffit was missing and the area around it was deteriorated at the eave over hanging the kitchen area at the rear of the facility.	(D 901)	The facility does not admit to the truth or accuracy of the statements or allegations contained in the Statement of Violations and nothing contained in either the Statement of Violations or the Plan of Correction should be construed as an admission by the Facility as to the validity or accuracy of the allegations set forth in the Statement of Violations.	8/3/11

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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08/01/2011 MON 10:58 FAX

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HEALTH CARE FACILITY

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Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL63766	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - STATE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED R 07/14/2011
NAME OF PROVIDER OR SUPPLIER CARESTONE AT RIVERGATE		STREET ADDRESS, CITY, STATE, ZIP CODE 94 TWIN HILLS DRIVE MADISON, TN 37115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(D 901)	Continued From page 1 2. At 10:05 AM, there was a hose laying in a puddle of water, attached to the building without a vacuum breaker or other such device to prevent back siphoning of dirty water into the potable water system. 3. At 10:08 AM, there was a section of downspout missing from the North East corner of the building. 4. At 10:12 AM, it was observed that the exterior trim of the facility is deteriorated and in need of paint and caulk to prevent further deterioration of the wood surfaces. 6. At 10:15 AM, the door leading to an interior corridor at the West side of the courtyard was badly rotted at the bottom. 7. At 10:20 AM, the South East exit corridor door was bent and open to the outside. 8. At 10:25 AM, the carpet was pulling up causing a trip hazard in room 229 at the door entry. 9. At 10:28 AM, the carpet was pulling up causing a trip hazard in room 244 at the door entry. 10. At 10:30 AM, there was an unprotected trap in an accessible public restroom near room 256. These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 7/14/11. C/O #27725	(D 901)	<u>Preparation, submission, and implementation of this plan of correction are done solely to meet the mandates of the Tennessee Department of Health Licensing Laws. The Facility reserves the right to move to strike to exclude this document as evidence in any civil or criminal action.</u> However, the Facility remains committed to the delivery of quality health care services in compliance with all regulations and submit this Plan of Correction as required by law.	8-13-11 8/14/11

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STATEMENT OF DEFICIENCIES TO PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53766	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - STATE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED R 07/14/2011
NAME OF PROVIDER OR SUPPLIER CARESTONE AT RIVERGATE		STREET ADDRESS, CITY, STATE, ZIP CODE 94 TWIN HILLS DRIVE MADISON, TN 37115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(D 916)	1200-08-25-.09 (18) Building Standards (16) The licensed contractor shall ensure through the submission of plans and specifications that in each ACLF: (a) A negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms; (b) A minimum of eighty (80) square feet of bedroom space must be provided each resident. No bedroom shall have more than two (2) beds. Privacy screens or curtains must be provided and used when requested by the resident; (c) Living room and dining areas capable of accommodating all residents shall be provided, with a minimum of fifteen (15) square feet per resident per dining area; and (d) Each toilet, lavatory, bath or shower shall serve no more than six (6) persons. Grab bars and non-slip surfaces shall be installed at tubs and showers. This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to ensure proper air pressures. The finding include: Observations of the facility on 7/14/11 at 10:40 AM, the soiled and clean laundry facilities were within the same compartment and not separated by a wall or door and could not maintain the	(D 916)	1200-08-25-.09 (1) Building Standards 1. Maintenance Director and/or designee will hire contractor to fix soffit at the overhang outside of the kitchen. 2. MD and/or designee shall install a backflow preventer on the faucet outside of the kitchen to prevent dirty Water from contaminating the potable water system. 3. MD and/or designee shall fix the downspout at the NE corner of the building. MD and/or	8/31/11 8/13/11

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53766	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - STATE BUILDING B. WING		(X3) DATE SURVEY COMPLETED R 07/14/2011
NAME OF PROVIDER OR SUPPLIER CARESTONE AT RIVERGATE			STREET ADDRESS, CITY, STATE, ZIP CODE 94 TWIN HILLS DRIVE MADISON, TN 37115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
(D 916)	Continued From page 3 positive and negative air pressures required for soiled and clean areas. This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 7/14/11.	(D 916)	designee shall inspect downspouts to ensure they are appropriately connected periodically.		
(D 923)	1200-08-25-.09 (23) Building Standards (23) The department requires the following alarms that shall be monitored twenty-four (24) hours per day: (a) Fire alarms; and (b) Generators (if applicable). This Rule is not met as evidenced by: Based on observations, records review, and interviews with off-site personnel the facility failed to meet the requirement for alarm monitoring on a twenty-four hour basis. The findings include: Observations and records review at of the facility on 7/14/11 revealed the following: 1. At 11:00 AM, upon removal of communication lines from the alarm system dialer no local annunciation was received and no confirmation could be obtained from any supervising station. These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 7/14/11.	(D 923)	4. Executive Director, MD and/or designee shall obtain bids to fix and paint any exterior s that are deteriorating.. 5. MD and/or designee shall replace to the rotted door at the West side of the building. 6. MD and/or designee shall repair or replace door at South East exit. 7. MD and/or designee shall repair or replace carpet	8/31/11 8-13-11	

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Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53768	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - STATE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED R 07/14/2011
NAME OF PROVIDER OR SUPPLIER CARESTONE AT RIVERGATE		STREET ADDRESS, CITY, STATE, ZIP CODE 94 TWIN HILLS DRIVE MADISON, TN 37115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 923}	Continued From page 4 C/O #27725	{D 923}	preventing in room 229 preventing any trip hazards.	
{D1001}	1200-08-25-.10 (1) Life Safety (1) The department will consider any ACLF that complies with the required applicable building and fire safety regulations at the time the Board adopts new codes or regulations, so long as such compliance is maintained (either with or without waivers of specific provisions) to be in compliance with the requirements of the new codes or regulations. This ELEMENT is not met as evidenced by: Based on observations, it was determined the facility failed to comply with the required applicable building and safety requirements in use at the time of adoption. The findings include: Observations made during a tour of the facility on 7/14/11 revealed the following: 1. At 11:05 AM, the stairway (vertical exit) door did not self close and positively latch at the bottom of stairwell #1. 2. At 11:07 PM, at room 258 the door has a 1/2" gap at the top and is not smoke resistant. 3. At 11:10 AM the stairway (vertical exit) door did not self close and positively latch at the top of stairwell #1. 4. At 11:59 AM, the kitchen hood suppression nozzles did not provide coverage for all appliances served.	{D1001}	8. MD and/or designee shall repair or replace carpet preventing in room 244 preventing any trip hazards. 9. MD and/or designee shall insulate unprotected trap in public restroom near room 255. C/O #27725 1200-08-25-.09 (16) Building Standards MD and/or designee shall hire a contractor to construct a division to provide a positive and negative air pressure as required for soiled	8/3/11 8/3/11

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53786	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - STATE BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED R 07/14/2011
NAME OF PROVIDER OR SUPPLIER CARESTONE AT RIVERGATE			STREET ADDRESS, CITY, STATE, ZIP CODE 94 TWIN HILLS DRIVE MADISON, TN 37115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{D1001}	Continued From page 5 5. At 12:04 PM, entrance fire door to the kitchen was missing door closure. These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 7/14/11. C/O #27725	{D1001}	and clean areas in the laundry room. 1200-08-25-.09 (23) Building Standards MD and/or designee shall contact the alarm company to program the dialer to send a trouble signal for breaks in the communication line.	8/3/11	
{D1002}	1200-08-28-.10 (2)(a) Life Safety (2) An ACLF shall ensure fire protection for residents by doing at least the following: (a) Eliminate fire hazards; This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to ensure fire protection by the elimination of fire hazards. The findings include: Observations made during a tour of the facility on 7/14/11 revealed oxygen not in use being stored inside sleeping rooms in the following locations: 1. At 1:25 PM, room 232 had 13 "E" cylinders of oxygen in storage. These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 7/14/11.	{D1002}	1200-08-25-.10 (1) Life Safety 1. MD and/or designee shall repair or replace the door closure to ensure door functions appropriately. 2. MD and/or designee shall repair or adjust door to close the gap	8/3/11	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53766	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - STATE BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED R 07/14/2011
NAME OF PROVIDER OR SUPPLIER CARESTONE AT RIVERGATE			STREET ADDRESS, CITY, STATE, ZIP CODE 84 TWIN HILLS DRIVE MADISON, TN 37115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
(D1028)	Continued From page 6	(D1028)	creating a		
(D1028)	1200-08-25-.10 (5)(g) Life Safety	(D1028)	smoke		
	(5) An ACLF shall take the following precautions regarding electrical equipment to ensure the safety of residents:		resistant		
	(g) Prohibit use of extension cords.		barrier.		
	This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to ensure fire protection for residents by prohibiting the use of extension cords.		3. MD and/or		
	The findings include:		designee shall		
	Observations made during a tour of the facility on 7/14/11 revealed extension cords in use in the following locations:		repair or		
	2. At 12:05 PM, in room 229		replace the		
	These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 7/14/11.		door to ensure		
			it is operating		
			effectively.		
			4. MD and/ or		
			designee shall		
			have the		
			kitchen hood		
			suppression		
			nozzle		
			realigned		
			again to		
			ensure all		
			appliances all		
			properly		
			covered.		
			5. MD and/or		
			designee shall		
			replace door		
			closure on the		
			kitchen door.		
			C/O 27725		
			1200-08-25-.10		
			(2)(a) Life Safety		
			MD and/or		

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Division of Health Care Facilities

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53766	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - STATE BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED R 07/14/2011
NAME OF PROVIDER OR SUPPLIER CARESTONE AT RIVERGATE			STREET ADDRESS, CITY, STATE, ZIP CODE 84 TWIN HILLS DRIVE MADISON, TN 37115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
(D1032)	Continued From page 7 This Rule is not met as evidenced by: Based on records review, it was determined the facility failed to ensure fire protection for residents by providing written smoking policies and procedures. The finding include: Records review on 7/14/11 at 12:10 PM, revealed that the written smoking policy and procedures was not provided. This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 7/14/11. C/O #27725	(D1032)	designee shall ensure "E" cylinders of oxygen are properly stored from room 232 in an appropriate location. 1200-08-25-.10 (S)(g) Life Safety		8/13/11
(D1035)	1200-08-25-.10 (8)(a) Life Safety (8) An ACLF shall ensure that: (a) The ACLF maintains all safety equipment in good repair and in a safe operating condition; This Rule is not met as evidenced by: Based on observations and records review, it was determined the facility failed to maintain all safety equipment in good repair and in safe operating condition. The findings include: Observations made during a tour of the facility on 7/14/11 revealed the following:	(D1035)	MD and/or designee shall periodically check room 229 and other rooms to ensure compliance with prohibiting the use of extension cords. 1200-08-25-.10 (6)(d) Life Safety Executive Director and/or designee shall ensure there is a written smoking policy and procedure is provided.		8/13/11

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53768	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - STATE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED R 07/14/2011
NAME OF PROVIDER OR SUPPLIER CARESTONE AT RIVERGATE		STREET ADDRESS, CITY, STATE, ZIP CODE 94 TWIN HILLS DRIVE MADISON, TN 37115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D1035}	Continued From page 8 1. At 12:25 AM, the fire department connection did not have the proper signage. 2. Residential type sprinklers were installed within the same compartments as standard type sprinklers in the following locations: a. At 12:30 PM, in the study b. At 12:35 PM, in the lounge 3. At 12:40 PM, the exit light over the South West double door adjacent to the fireplace was not illuminated. 4. The battery back-up for the exit lights were not operable in the following locations: a. At 12:43 PM, in the lobby b. At 12:58 PM, at the North West smoke door on the 2nd floor These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 7/14/11. C/O #27725	{D1035}	C/O #27725 1200-08-25-.10 (8)(a) Life Safety 1. MD and/or Designee shall ensure proper signage is installed indicating the fire department connection. 2. MD and/or designee shall contract with a sprinkler company to replace the residential type sprinklers in the study and the lounge. 3. MD and/or designee shall ensure light adjacent to the fireplace over the South West double door is illuminated and perform	8/2/11 8/13/11
{D1039}	1200-08-25-.10 (9) Life Safety (9) An ACLF shall post emergency telephone numbers near a telephone accessible to the residents. This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to post the emergency telephone	{D1039}		

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(D1039)	Continued From page 9 numbers near an accessible telephone. The finding include: Observations of the facility on 7/14/11 at 1:00 PM, revealed that the facility failed to provide emergency telephone numbers for residents at the telephones. This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 7/14/11.	(D1039)	periodic checks. 4. MD and/or designee shall ensure the battery backup are operable on the exit signs in the lobby, NW smoke door on the second floor and throughout the facility. C/O # 27725 1200-08-25-10 (9) Life Safety Executive Director and/or designee shall ensure emergency telephone numbers are posted for the residents.	8/3/11 8/13/11 8/3/11 8/3/11	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53766	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - STATE BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 05/10/2011
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D 001	1200-08-25 Initial This Rule is not met as evidenced by: An annual survey and complaint # 27725 were completed at Carestone at Rivergate on May 10, 2011. Deficiencies were cited. See below.	D 001	Life Safety The following constitutes Carestone at Rivergate's (the facility) response to the Statement of Licensing Violations (the "Statements of Violations") issued by the Tennessee Department of Health, Division of Health Care Facilities, on May 10 and 18, 2011, and its Plan of Correction.		
D 901	1200-08-25-.09 (1) Building Standards (1) An ACLF shall construct, arrange, and maintain the condition of the physical plant and the overall ACLF living facility environment in such a manner that the safety and well-being of residents are assured. This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the condition of the physical plant and overall environment. The findings include: Observations made during a tour of the facility on 5/10/11 revealed the following: 1. At 7:39 AM, a gutter was hanging loosely from the roof above the fire department connection and not performing the intended function of directing water away from the foundation of the building. 2. At 7:42 AM, a section of soffit was missing and the area around it was deteriorated at the eave over hanging the kitchen area at the rear of the facility. 3. At 7:43 AM, there was a hose laying in a puddle of water, attached to the building without a	D 901	The facility does not admit to the truth or accuracy of the statements or allegations contained in the Statement of Violations and nothing contained in either the Statement of Violations or the Plan of Correction should be construed as an admission by the Facility as to the validity or accuracy of the allegations set forth in the Statement of Violations. <u>Preparation, submission, and implementation of this plan of correction are done solely to meet the mandates of the Tennessee Department of Health Licensing Laws. The Facility reserves the right to move to strike to exclude this document as evidence in any civil or criminal action.</u>		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Pat Bauer

TITLE

Executive Director

(X6) DATE

06/10/2011

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Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53766	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - STATE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 05/10/2011
NAME OF PROVIDER OR SUPPLIER CARESTONE AT RIVERGATE		STREET ADDRESS, CITY, STATE, ZIP CODE 94 TWIN HILLS DRIVE MADISON, TN 37115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 901	Continued From page 1 vacuum breaker or other such device to prevent back siphoning of dirty water into the potable water system. 4. At 7:45 AM, there was a section of downspout missing from the North East corner of the building. 5. At 7:48 AM, it was observed that the exterior trim of the facility is deteriorated and in need of paint and caulk to prevent further deterioration of the wood surfaces. 6. At 7:56 AM, there was badly rotted and loose door and window trim surrounding the doors and windows on both sides of the fireplace located inside the courtyard. 7. At 8:01 AM, there were eight shutters missing or partially missing from the windows within the courtyard and laying about the grounds. 8. At 8:01 AM, the door leading to an interior corridor at the West side of the courtyard was badly rotted at the bottom. 9. At 8:03 AM, there was a screen missing from a window and laying about the courtyard. 10. At 8:03 AM, there was a section of gutter detached from the structure, hanging down from the roof to the ground level within the courtyard, no longer performing the intended function. 11. At 8:44 AM, the floor area at the public bathroom near the kitchen presents a trip hazard where the flooring is separating from the sub-floor. 12. At 8:44 AM, there was a leak at the toilet in	D 901	However, the Facility remains committed to the delivery of quality health care services in compliance with all regulations and submit this Plan of Correction as required by law. 1200-08-25-.09 (1) Building Standards D 901 Administrator, maintenance director and/or designee will ensure the following as addressed appropriately: 1. Facility will hire a contractor to fix gutter system. 2. Facility will fix missing soffit around the facility. 3. DSD and/or designee will ensure the hose is returned to the storage rack on the wall to prevent dirty water entering the potable water system. 4. Facility will hire contractor to fix gutter system. 5. Facility will obtain bids to have facility painted and exterior wood replaced and caulked as needed.	07/11 2011

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D 901	Continued From page 2 the public bathroom near the kitchen. 13. At 9:03 AM, there was improperly terminated plumbing under the cabinet in the theater room. 14. At 9:30 AM, there was an improperly supported plumbing vent pipe in the South East corner of the attic. 15. At 11:53 AM, the ceiling was deteriorated from previous water leaks in the lounge. 16. At 11:56 AM, the South East exit corridor door was bent and open to the outside. 17. At 12:58 PM, the door hardware to room 205 was malfunctioning from inside the room and only operated in one direction, leaving the occupant at risk of entrapment. 18. At 1:18 PM, the carpet was pulling up causing a trip hazard in room 229 at the door entry. 19. At 1:40 PM, the carpet was pulling up causing a trip hazard in room 244 at the door entry. 20. At 8:55 AM, there was an unprotected trap in an accessible public restroom near room 255. 21. At 2:50 PM, the front door canopy lights were inoperable. 22. At 2:05 PM, the kitchen storage closet had a penetration around the sprinkler. These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 5/10/11.	D 901	6. Facility will repair or replace the doors leading to the courtyard as appropriate. 7. Facility will replace or remove broken shutters from the facility. 8. Facility will repair or replace the doors leading to the courtyard as appropriate. 9. Maintenance Director and/or designee will ensure all windows have the appropriate screens securely fastened to the window frame. 10. Facility will hire a contractor to fix gutter system. 11. Facility will replace separating flooring in the public restroom by the dining room. 12. Maintenance director and/or designee will repair toilet to prevent leaking in the public restroom by the dining room. 13. Maintenance director and/or designee will properly seal plumbing in the theater room. 14. Maintenance director and/or designee will	07/11 2011

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53766	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - STATE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 05/10/2011
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D 901	Continued From page 3 C/O #27725	D 901	properly support vent pipe in the attic in the Southeast corner.	07/11 2011
D 916	1200-08-25-.09 (16) Building Standards (16) The licensed contractor shall ensure through the submission of plans and specifications that in each ACLF: (a) A negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms; (b) A minimum of eighty (80) square feet of bedroom space must be provided each resident. No bedroom shall have more than two (2) beds. Privacy screens or curtains must be provided and used when requested by the resident; (c) Living room and dining areas capable of accommodating all residents shall be provided, with a minimum of fifteen (15) square feet per resident per dining area; and (d) Each toilet, lavatory, bath or shower shall serve no more than six (6) persons. Grab bars and non-slip surfaces shall be installed at tubs and showers. This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to ensure proper air pressures. The finding include: Observations of the facility on 5/10/11 at 12:05	D 916	15. Facility will repair ceiling in employee lounge. 16. Facility will repair or replace door to close gap to the outside. 17. Maintenance director and/or designee will repair door hardware in room 205. 18. Maintenance director and/or designee will repair carpet to prevent trip hazard in entry of apartment 229. 19. Maintenance director and/or designee will repair carpet to prevent trip hazard in entry of apartment 244. 20. Maintenance director and/or designee will insulate trap in public restroom by 255. 21. Facility will hire contractor to fix canopy lights. 22. Maintenance director and/or designee will fix penetration around the sprinkler in the kitchen storage.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53766	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - STATE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 05/10/2011
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D 916	Continued From page 4 PM, the soiled and clean laundry facilities were within the same compartment and not separated by a wall or door and could not maintain the positive and negative air pressures required for soiled and clean areas. This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 5/10/11.	D 916	1200-08-25-.09 (16) Building Standards D 916 Facility will build a wall between the soiled and clean laundry rooms to divide and create a negative air flow on the soiled side and a positive air flow on the clean side.	07/11 2011
D 923	1200-08-25-.09 (23) Building Standards (23) The department requires the following alarms that shall be monitored twenty-four (24) hours per day: (a) Fire alarms; and (b) Generators (if applicable). This Rule is not met as evidenced by: Based on observations, records review, and interviews with off-site personnel the facility failed to meet the requirement for alarm monitoring on a twenty-four hour basis. The findings include: Observations and records review at of the facility on 5/10/11 revealed the following: 1. At 8:32 AM, upon removal of communication lines from the alarm system dialer no local annunciation was received and no confirmation could be obtained from any supervising station. 2. At 10:40 AM, upon interview with International Fire Protection and ADT it was revealed that the	D 923	1200-08-25-.09 (23) Building Standards D 923 1. Facility will contract with a monitoring company to supervise the fire system and maintain constant service. 2. Facility will contract with a monitoring company to supervise the fire system and maintain constant service. 3. Maintenance director and/or designee will maintain current fire alarm inspections and maintenance records accessible as required.	

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D 923	Continued From page 5 facility was unmonitored for fire alarm. 3. At 2:10 PM, based on records review, all previous fire alarm inspection and maintenance records were missing. These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 5/10/11. C/O #27725	D 923	C/O # 27725 1200-08-25-.10 (1) Life Safety D 1001 1. Facility will provide appropriate dump ash containers in designated smoking areas. 2. Maintenance Director and/or designee will repair exit door in stairwell #1. 3. Maintenance Director and/or designee will adjust door to housekeeping closet near room 255 to latch and fix the penetration on the door around the door knob. 4. Maintenance director and/or designee will adjust and/or fix door at room 258. 5. Maintenance Director and/or designee will repair exit door in stairwell #1. 6. Maintenance director and/or designee will repair egress of the Southeast corridor door and will maintain documentation the doors shall be periodically	07/11 2011
D1001	1200-08-25-.10 (1) Life Safety (1) The department will consider any ACLF that complies with the required applicable building and fire safety regulations at the time the Board adopts new codes or regulations, so long as such compliance is maintained (either with or without waivers of specific provisions) to be in compliance with the requirements of the new codes or regulations. This ELEMENT is not met as evidenced by: Based on observations, it was determined the facility failed to comply with the required applicable building and safety requirements in use at the time of adoption. The findings include: Observations made during a tour of the facility on 5/10/11 revealed the following: 1. At 7:50 AM, no ash dump device was observed at the designated smoking areas at the front and interior courtyard.	D1001		

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D1001	Continued From page 6 2. At 8:12 AM, the stairway (vertical exit) door did not self close and positively latch at the bottom of stairwell #1. 3. At 8:57 AM, the door to housekeeping near room 255 did not positively latch and is penetrated. 4. At 12:49 PM, at room 258 the door has a ½ " gap at the top and is not smoke resistant. 5. At 1:43 PM the stairway (vertical exit) door did not self close and positively latch at the top of stairwell #1. 6. At 1:47 PM, the South East corridor exit door delayed egress lock did not disengage upon activation of the push bar for 3 seconds. 7. At 1:54 PM, the kitchen hood suppression pull station was obstructed by a shelf unit. 8. At 1:59 PM, the kitchen hood suppression nozzles did not provide coverage for all appliances served. 9. At 2:10 PM, records review revealed that the required boiler inspections were out of date. 10. At 2:10 PM, records review revealed the following: a. The required elevator, #31899 was missing the operating certificate. b. The required hood maintenance was missing, with the last service or inspection being 2/24/10. c. All the sprinkler maintenance and inspection	D1001	checked for safety and allows egression. 7. Dining service director (DSD) and/or designee shall ensure the pull station for the hood suppression system is not obstructed. 8. Facility shall hire contractor to adjust hood suppression nozzles to ensure appropriate coverage for all appliances served. 9. Facility shall obtain documentation the boiler inspections are inspected currently. 10. a. Facility shall ensure elevator operating certificate for #31899 is available for review and is current. b. Facility shall ensure hood maintenance and inspections are current. c. facility shall maintain current sprinkler maintenance and inspections reports available for review. d. Facility shall provide documentation of policies and procedures for review.	07/11

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D1001	Continued From page 7 records were missing. d. The required contents, furnishings and finishes documentation was missing. These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 5/10/11. C/O #27725	D1001		07/11 2011
D1002	1200-08-25-.10 (2)(a) Life Safety (2) An ACLF shall ensure fire protection for residents by doing at least the following: (a) Eliminate fire hazards; This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to ensure fire protection by the elimination of fire hazards. The findings include: Observations made during a tour of the facility on 5/10/11 revealed oxygen not in use being stored inside sleeping rooms in the following locations: 1. At 11:37 AM, room 110 had 7 " E " cylinders of oxygen in storage. 2. At 1:25 PM, room 232 had 13 " E " cylinders of oxygen in storage. These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on	D1002	1200-08-25-.10 (2)(a) Life Safety D1002 Facility shall ensure residents have adequate oxygen in their apartment and will store excess containers in appropriate area and/or remove from the excess oxygen cylinders from the facility.	

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D1002	Continued From page 8 5/10/11.	D1002	1200-08-02-.10 (5)(b) Life Safety D1023	07/11 2011
D1023	1200-08-25-.10 (5)(b) Life Safety (5) An ACLF shall take the following precautions regarding electrical equipment to ensure the safety of residents: (b) Provide general and night lighting for each resident and equip night lighting with emergency power; This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the night lighting for each resident. The finding include: Observations of the facility on 5/10/11, at 11:30 AM, revealed that the nightlight was inoperable in room 103. This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 5/10/11.	D1023	Maintenance director and/or designee shall repair the night light in room 103. 1200-08-25-.10 (5)(c) Life Safety D1024 1. Maintenance director and/or designee shall properly close the open junction box and remove fan housing. 2. Maintenance director and/or designee will secure the receptacle beside the fireplace. 3. Maintenance director and/or designee shall ensure receptacle with a GFCI and shall ensure devices used are fault circuit protected. 4. Maintenance director and/or designee shall repair receptacle at the North west double door. 5. Maintenance director and/or designee shall reroute cords to prevent damage to the conductors.	
D1024	1200-08-25-.10 (5)(c) Life Safety (5) An ACLF shall take the following precautions regarding electrical equipment to ensure the safety of residents: (c) Maintain all electrical equipment in good repair and safe operating condition;	D1024		

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D1024	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to ensure fire protection for residents by maintaining all electrical equipment in good repair and safe operating condition.</p> <p>The findings include:</p> <p>Observations made during a tour of the facility on 5/10/11 revealed the following:</p> <ol style="list-style-type: none"> 1. At 7:42 AM, an open electrical junction box and fan housing were observed above the kitchen exit. 2. At 7:54 AM, there was a loose receptacle to the left of the fireplace at the base of the wall. 3. At 7:59 AM, an in-use electrical receptacle type box was missing where plug and cord devices are in use in wet locations adjacent to the South West double door at the fireplace and the device was not ground fault circuit protected. 4. At 8:09 AM, the exterior receptacle adjacent to the North West double door at the fireplace was not operable. 5. At 9:03 AM, a power strip was concealed within construction under the cabinet and contains plug and cord connected appliances installed in a manner which can lead to damage of the conductors. 6. At 9:05 AM, there was storage within the clear space required at electrical panels in the electrical room behind the theater. 	D1024	<p>6. Maintenance director and/or designee shall remove items in the clear space of the electrical panels in the electrical room behind the theater.</p>	07/11 2011

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D1024	Continued From page 10 7. At 9:20 AM, there was an open electrical junction box at the South East attic access within the attic. 8. At 9:54 AM, there was a broken and improper joint in the armored cable at the junction box in the North East attic. 9. At 10:49 AM, the ground fault circuit interrupter receptacle was inoperable in room 132. 10. At 11:30 AM, an electrical receptacle was pushed in behind the surface of the face-plate and the overhead light was missing a cover in room 103. 11. At 11:47 AM, there was a defective ground fault circuit interrupter in the bathroom of room 117. 12. At 11:53 AM, the receptacle adjacent to the sink at the floor level was not a ground fault circuit interrupter in the lounge. 13. At 12:15 PM, in the North East mechanical room a plug and cord appliance was installed through the wall. 14. At 12:18 PM, in room 131 the ground fault circuit interrupter was inoperable. 15. At 1:07 PM, in room 219 a loose and improperly wired receptacle was observed behind the television. 16. At 1:15 PM, in room 227 the ground fault circuit interrupter was malfunctioning at the sink. 17. At 1:30 PM, in the North East mechanical	D1024	7. Maintenance director and/or designee will properly close the open electrical junction box at the South East corner of the attic. 8. Maintenance director and/or designee shall repair the broken armored cable and properly joint the armored cable in the junction box in the North East attic. 9. Maintenance director and/or designee shall repair or replace GFCI in room 132. 10. Maintenance director and/or designee shall repair the receptacle and return it to flush and secure with the face plate. Also shall replace the missing light cover in apartment 103. 11. Maintenance director and/or designee shall repair or replace GFCI in room 117. 12. Maintenance director and/or designee shall replace the receptacle adjacent to the sink at ground level with a GFCI in lounge.	07/11 2011	

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D1024	Continued From page 11 room there was storage within the required clear space at the electrical panels. 18. At 1:35 PM, in room 240 the receptacle was not ground fault circuit interrupter protected at the sink. 19. At 1:37 PM, in room 242 there was a malfunctioning ground fault circuit interrupter receptacle over the refrigerator. These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 5/10/11.	D1024	13. Maintenance director and/or designee shall properly install receptacle to remove cords from penetrating through the wall. 14. Maintenance director and/or designee shall repair or replace GFCI in room 131. 15. Maintenance director and/or shall repair or replace receptacle in apartment 219 behind the television.	07/11 2011
D1027	1200-08-25-.10 (5)(f) Life Safety (5) An ACLF shall take the following precautions regarding electrical equipment to ensure the safety of residents: (f) Ensure that power strips are equipped with circuit breakers; and This Rule is not met as evidenced by: Based on observations it was determined the facility failed to ensure fire protection by ensuring that all power strips are equipped with circuit breakers. The findings include: 1. Observation of the facility on 5/10/11 at 12:15 PM, revealed that in the North East mechanical room a power strip that was not circuit breaker protected was installed. 2. Observation of the facility on 5/10/11 at 12:41	D1027	16. Maintenance director and/or designee shall repair or replace GFCI in room 227 at the sink. 17. Maintenance director and/or designee shall remove items in the clear space of the electrical panels in the electrical room on the North East side of the facility. 18. Maintenance director and/or designee shall repair or replace GFCI in room 240 at the sink. 19. Maintenance director and/or designee shall repair or replace GFCI in room 242 over the refrigerator.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53766	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - STATE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 05/10/2011
NAME OF PROVIDER OR SUPPLIER CARESTONE AT RIVERGATE		STREET ADDRESS, CITY, STATE, ZIP CODE 94 TWIN HILLS DRIVE MADISON, TN 37115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D1027	Continued From page 12 PM, revealed that in room 249 a power strip that was not circuit breaker protected was installed. These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 5/10/11.	D1027	1200-08-25-.10 (5)(f) Life Safety D1027 Maintenance Director and/or designee shall ensure power strip in North East mechanical room and in apartment 249 is replaced with a circuit breaker protected power strip.	07/11 2011
D1028	1200-08-25-.10 (5)(g) Life Safety (5) An ACLF shall take the following precautions regarding electrical equipment to ensure the safety of residents: (g) Prohibit use of extension cords. This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to ensure fire protection for residents by prohibiting the use of extension cords. The findings include: Observations made during a tour of the facility on 5/10/11 revealed extension cords in use in the following locations: 1. At 12:40 PM, in room 249 2. At 1:18 PM, in room 229 3. At 1:37 PM, in room 242 These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 5/10/11.	D1028	1200-08-25-.10 (5)(g) Life Safety D1028 Maintenance director and/or designee shall ensure the extension cords located in apartments 249, 229, and 242 are removed.	07/11 2011

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NAME OF PROVIDER OR SUPPLIER CARESTONE AT RIVERGATE		STREET ADDRESS, CITY, STATE, ZIP CODE 04 TWIN HILLS DRIVE MADISON, TN 37115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D1032	Continued From page 13	D1032		
D1032	1200-08-25-.10 (6)(d) Life Safety (6) If an ACLF allows residents to smoke, it shall ensure the following: (d) Written policies and procedures for smoking within the ACLF shall designate a room or rooms to be used exclusively for residents who smoke. The designated smoking room or rooms shall not be the dining room, the activity room, or an individual resident sleeping unit, and; This Rule is not met as evidenced by: Based on records review, it was determined the facility failed to ensure fire protection for residents by providing written smoking policies and procedures. The finding include: Records review on 5/10/11 at 2:10 PM, revealed that the written smoking policy and procedures was not provided. This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 5/10/11. C/O #27725	D1032	1200-08-25-.10 (6)(d) Life Safety D1032 Administrator and/or designee shall provide a smoking policy and procedures as required to protect residents. C/O 27725 1200-08-25-.10 (8)(a) Life Safety D1035	07/11 2011
D1035	1200-08-25-.10 (8)(a) Life Safety (8) An ACLF shall ensure that: (a) The ACLF maintains all safety equipment in good repair and in a safe operating condition;	D1035	1. Administrator and/or designee shall properly identify the FDC with signage above the connection. 2. Maintenance director and/or designee shall at inspection have the following sprinklers cleaned, SE, NE E,W overhead at the canopy on the front of the facility, apartment 125, outside of apartment 112 in the corridor. 3. Maintenance director and/or designee shall have the sprinkler heads in the library and lounge	

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NAME OF PROVIDER OR SUPPLIER CARESTONE AT RIVERGATE		STREET ADDRESS, CITY, STATE, ZIP CODE 94 TWIN HILLS DRIVE MADISON, TN 37115		
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D1035	<p>Continued From page 14</p> <p>This Rule is not met as evidenced by: Based on observations and records review, it was determined the facility failed to maintain all safety equipment in good repair and in safe operating condition.</p> <p>The findings include:</p> <p>Observations made during a tour of the facility on 5/10/11 revealed the following:</p> <ol style="list-style-type: none"> At 7:39 AM, the fire department connection did not have the proper signage. Dirty sprinklers were observed in the following locations: <ol style="list-style-type: none"> At 7:50 AM, at the South East, North East, East and West overhead canopy locations At 12:15 PM, in room 125 At 11:45 AM, outside room 112 in the corridor Residential type sprinklers were installed within the same compartments as standard type sprinklers in the following locations: <ol style="list-style-type: none"> At 7:53 AM, in the study At 11:53 AM, in the lounge At 8:06 AM, the exit light over the South West double door adjacent to the fireplace was not illuminated. The battery back-up for the exit lights were not operable in the following locations: <ol style="list-style-type: none"> At 8:20 AM, in the lobby 	D1035	<p>replaced with the appropriate sprinkler head.</p> <ol style="list-style-type: none"> Maintenance director and/or designee shall repair the exit light over the SW double door adjacent to the fireplace. Maintenance director and/or designee shall document exit light tests and shall replace the batteries for the following exit lights lobby, NW smoke door on second floor. Maintenance director and/or designee shall ensure the sprinklers are secure and the escutcheons are secured to the ceiling in the following areas: N dining room at double doors, N exit corridor, apartment 249 vicinity, and SW smoke door. 	07/11 2011

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D1035	Continued From page 15 b. At 8:58 AM, at the North West smoke door on the 2nd floor 6. Sprinklers were loose and escutcheons were pulled away from the ceiling in the following locations: a. At 8:41 AM, at the North dining room double doors a sprinkler is pulled away from ceiling b. At 8:47 AM, A sprinkler escutcheon is loose in the North exit corridor c. At 8:49 AM, a sprinkler escutcheon is loose in the corridor at room 249 d. At 9:00 AM, a sprinkler escutcheon is loose above the South West smoke door These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 5/10/11. C/O #27725	D1035		
D1039	1200-08-25-.10 (9) Life Safety (9) An ACLF shall post emergency telephone numbers near a telephone accessible to the residents. This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to post the emergency telephone numbers near an accessible telephone. The finding include:	D1039	1200-08-25-.10 (9) Life Safety D 1039 Administrator and/or designee shall post emergency numbers close to all common area telephones.	07/11 2011

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NAME OF PROVIDER OR SUPPLIER CARESTONE AT RIVERGATE			STREET ADDRESS, CITY, STATE, ZIP CODE 94 TWIN HILLS DRIVE MADISON, TN 37115		
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D1039	Continued From page 16 Observations of the facility on 5/10/11 at 9:10 AM, revealed that the facility failed to provide emergency telephone numbers for residents at the telephones. This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 5/10/11.	D1039	1200-08-25-.10 (10)(f) Life Safety D1045		07/11 2011
D1045	1200-08-25-.10 (10)(f) Life Safety (10)An ACLF shall maintain its physical environment in a safe, clean and sanitary manner by doing at least the following: (f) Maintain the building and its heating, cooling, plumbing and electrical systems in good repair and in clean condition at all times; and This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the buildings heating, cooling, plumbing and electrical systems in good repair and in clean condition. The findings include: 1. Observation of the facility on 5/10/11 at 8:49 AM, revealed that the return air register contains an incorrect sized filter and is dirty in the North West corner sitting area. 2. Observation of the facility on 5/10/11 at 9:43 AM, revealed that a carbon monoxide monitor sounding an active alarm was observed in the North West corner of the attic.	D1045	<ol style="list-style-type: none"> Maintenance director and/or designee shall ensure filter on NW corner sitting area is the correct size. Maintenance Director and/or designee shall monitor the carbon monoxide monitors documenting any alarms or potential hazards. Maintenance director and/or designee shall properly seal the duct work at unit #2 in the attic in the SW corner. Maintenance director and/or designee will repair, connect and/or seal the disconnected duct work at unit #8 in the attic. Maintenance director and/or designee shall ensure the exhaust fan in apartment 145 is cleaned. Maintenance director and/or designee shall ensure the exhaust fan in apartment 232 is cleaned. 		

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D1045	Continued From page 17 3. Observation of the facility on 5/10/11 at 9:35 AM, revealed that there was improper and unsealed ductwork at unit #2 in the South West corner of the attic. 4. Observation of the facility on 5/10/11 at 10:00 AM, revealed that the main supply duct was disconnected at unit #8 in the attic. 5. Observation of the facility on 5/10/11 at 12:37 PM, revealed that in room 145 there was a dirty bathroom exhaust. 6. Observation of the facility on 5/10/11 at 1:25 PM, revealed that in room 232 there was a dirty bathroom exhaust. These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 5/10/11.	D1045			
D1601	1200-08-25-.16 (1)(a) Disaster Preparedness (1) An ACLF shall have in effect and available for all supervisory personnel and staff written copies of the following disaster, refuge and/or evacuation plans readily available at all times: (a) Fire Safety Procedures Plan shall include: 1. Minor fires; 2. Major fires; 3. Fighting the fire; 4. Evacuation procedures; and 5. Staff functions.	D1601	1200-08-25-.16 (1)(a) Disaster Preparedness D1601 1. Administrator and/or designee shall provide documented training for responding to the emergency call light system. Staff shall also receive documented training on properly clearing a room and alerting the facility in the event of a fire. 2. Administrator and/or designee shall ensure staff is trained and documented on disaster drills. The fire drill records shall be more specific currently identifying the employees participating in the drill. The fire and disaster shall be accessible for review.	07/11 2011	

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D1601	<p>Continued From page 18</p> <p>This Rule is not met as evidenced by: Based on observations, records review, and staff interviews It was determined the facility failed to provide and follow written fire and disaster plans.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Observations during a fire drill at the facility on 5/10/11 beginning at 10:49 AM, and ending at 11:04 AM, revealed the following; three attempts were made at conducting a fire drill. The first attempt revealed that 4 out of 4 signal receiving devices (beepers) for the call light system were turned off and no call signal could be received by the staff. The second attempt resulted in staff member #1 failing to clear the room, failing to call code red, and failing to activate the pull station. The third attempt resulted in the staff member failing to clear the room, failing to call code red, and failing to activate the pull station. Upon interview both staff members indicated they had not received training. 2. Records review on 5/10/11 at 2:10 PM, revealed the following: <ol style="list-style-type: none"> a. The required disaster drills had not been conducted. b. The required written fire and disaster plans were not available. c. The fire drill evaluation records did not contain a detail of personnel participating in the training. <p>These findings were verified by the maintenance supervisor and acknowledged by the</p>	D1601		

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D1601	Continued From page 19 administrator during the exit conference on 5/10/11.	D1601		07/11 2011	

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